

Merchant & Gould

An Intellectual Property Law Firm

3200 IDS Center
80 South Eighth Street
Minneapolis, Minnesota 55402-2215
USA
Tel (612) 332-5300
Fax (612) 332-9081
www.merchant-gould.com

A Professional Corporation **RECEIVED**
CENTRAL FAX CENTER

Fax Transmission | June 28, 2004

JUL 01 2004

TO: Commissioner for
Patents
Attn: Examiner J. Ortiz Criado
Patent Examining Corps
Facsimile Center
Washington, D.C. 20231

FROM: Douglas P. Mueller

OFFICIAL

OUR REF: 10873.772US01
TELEPHONE: (612) 332-5300

Total pages, including cover letter: 6

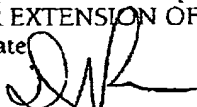
PTO FAX NUMBER 1 703 872 9306

If you do NOT receive all of the pages, please telephone us at (612) 332-5300, or fax us at (612) 332-9081.

Title of Document Transmitted:
Applicant: H Wada, et al
Serial No.: 09/911143
Filed: 07/23/2001
Group Art Unit: 2822
Our Ref. No.: 10873.772US01

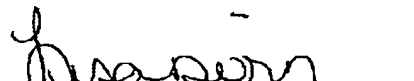
RESTRICTION RESPONSE
AND AMENDMENT

Please charge Deposit Account No. 13-2725 in the amount of \$110.00 for 1 Month
Extension of Time. Please charge any additional fees or credit overpayment to Deposit Account
No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient
number of months to enter these papers, if appropriate.

By: 
Name: Douglas P. Mueller
Reg. No.: 30,300

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and
Trademark Office on the date shown below.

Lisa Dorn


Signature

7/1/04
Date

GEN031.DOC

09/9/143

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10873.772US01

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	13	Minus	26	=
	Independent	4	Minus	7	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	108
X40=		OR	X80=	320
+135=		OR	+270=	
TOTAL		OR	TOTAL	1135

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.